

Norse Care (Services) Limited

Dell Rose Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 7 June 2017. Dell Rose Court is a housing with care scheme that provides personal care to people in their own flats based within a communal setting. At the time of our inspection, the service was supporting 43 people.

At our last inspection in July 2015, the overall rating for the service was Good. After this inspection, the overall rating remains Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their oral medicines when they needed them. However, improvements are required to ensure that people received their prescribed creams correctly and staff referred people for a medicines review when appropriate.

The staff were kind, caring and compassionate. They treated people with dignity and respect. They knew the people they supported very well and ensured the care they provided was delivered how the person wanted to receive it.

The staff believed in the importance of enabling people to be as independent as they could be and in offering them choice. This belief had enabled them to support people to become more independent thus enhancing their lives and wellbeing.

People felt safe with the staff when they provided them with care and support. Systems were in place to protect people from the risk of abuse and avoidable harm. Staff knew how to reduce risks to people's safety. However, they respected people's choice to take informed risks if they wished to do so.

There were enough staff to meet people's needs safely. They had received good training and supervision. This enabled them to provide people with safe and effective care.

Where people required it, staff supported them to eat and drink sufficient quantities and to maintain their health. They involved the relevant healthcare professionals when needed and followed their guidance for the benefit of people.

People's consent was sought in line with the relevant legislation and they were encouraged and empowered to make decisions about their own care. People were involved in the running of the service.

There was an open and transparent culture at the service. People and staff could express their thoughts,

feelings and concerns openly and without hesitation. The registered manager listened to these and took steps to rectify any concerns that people had.

There was good leadership in place. The staff understood their roles and received good direction and support. They were made to feel valued and this enhanced their morale. The staff worked well as a team to provide care to people in the way they wanted to receive it. The registered manager had instilled a culture amongst the staff of treating people as individuals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People received their oral medicines when they needed them. However, improvements were required to ensure people's creams were applied as prescribed and reviews of people's medicines took place when it was appropriate to do so.

Systems were in place to protect people from the risk of abuse.

There were enough staff to provide people with safe care.

Staff knew how to reduce risks to people's safety.

Is the service effective?

Good ●

The service was effective.

Staff had received sufficient training and supervision which helped them provide people with effective care.

Staff supported people to make choices and acted in their best interests if they were unable to consent to their own care.

People were supported to maintain their health and with eating and drinking where this was part of their care package.

Is the service caring?

Good ●

The service was caring.

The staff were kind and caring and knew the people they supported well.

Staff respected people's dignity and privacy and encouraged people's independence, which enhanced people's well-being.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their individual needs and

preferences.

People's concerns and complaints were listened to and acted upon to improve the quality of care they received.

Is the service well-led?

Good ●

The service was well-led.

The leadership in place was good. A culture of team work had been instilled in the staff. Their morale was good and they enjoyed working for the service.

There was an open and transparent culture in the service.

Most systems in place were effective at assessing, monitoring and improving the quality and safety of the care people received.

Dell Rose Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 7 June 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in their own flats. We needed to be sure that people would be available to provide us with feedback on the care they received.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we looked at information we held about the service. This included notifications about things happening in the service that the provider had to send to us by law. Prior to the inspection, the provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people who used the service, three relatives, a social care professional and a healthcare professional. We also spoke with four care staff, the deputy manager and the registered manager. We looked at three staff recruitment and training records and four people's medicine and care records. We also viewed records regarding how the provider assessed and monitored the quality and safety of the care provided.

Is the service safe?

Our findings

At our last inspection in July 2015, this section was rated as Good. However, during this inspection we found that improvements are required to ensure that people have their prescribed creams administered correctly and that people receive a medicine review when indicated it is needed. Therefore the rating had been changed to Requires Improvement.

We looked at four people's medicine administration records (MAR) to see whether staff had signed them to show they had given these people their medicines. We found no gaps in relation to oral medicines. However, there were gaps in two people's records in respect of prescribed creams. For one person, a gap was present for two days and for the other, for four days in April 2017. We spoke with the registered manager about this. They investigated whether other records relating to these people's care stated the creams had been applied. They found for one of these people that on one day, staff had noted they had applied the cream but there was no mention of this for the other five days. The registered manager confirmed they could not be assured that the creams had been applied as prescribed by these people's GP.

We also saw that one person prescribed a medicine for occasional use, was taking this regularly each day. The registered manager told us the staff had not requested a GP review of this medicine which they would have expected to occur. This would be required to ensure the medicine was adequate to meet the person's needs.

The registered manager told us that each person's MAR should have been checked daily by a senior member of staff. This was so that any errors such as gaps in relation to all prescribed medicines including creams, could be investigated in a timely manner. The registered manager could not explain why their current systems had not identified the anomalies we found. They agreed to immediately investigate this.

All of the people we spoke with told us they usually received their medicines when they needed them. The relatives agreed with this. One person said, "My medication is given to me by the staff in the evening and they always ask me if I want any pain killers." Another told us, "I nearly always get my tablets when I should. Sometimes they slip a little bit. One of my tablets, I call it 'my special tablet', I have to have it at 7am and I always get it so that just shows what they do." A relative said, "The staff see to his medicines. There haven't been any problems that I know of and he has cream applied twice a day to his legs."

The staff we spoke with told us they had received training regarding giving people their medicines. They said that senior staff had assessed that they were competent to do this safely. The staff records we looked at confirmed this.

Systems were in place to protect people from the risk of abuse and avoidable harm. All of the people we spoke with told us they felt safe when the staff provided them with care. They also said they knew how to raise concerns if they wanted to. One person said, "Yes I feel safe. I would speak to the team leaders they are all very helpful." Another told us, "I feel safe. I have never had any trouble. Staff are always popping in and out to see if I am alright. I would speak to the lovely lady who is in charge if I needed to." A relative said, "Yes

definitely safe. The doors are all coded, and (Family member's) door is alarmed. They are checked all the time. If I had concerns I would speak to the carers initially. If it was to do with carers I would talk to one of the managers."

The staff we spoke with understood what types of abuse people could experience and how to report any concerns if they had any. This included to outside the service if this was required. The registered manager had alerted any relevant authorities appropriately and investigated any concerns that had been raised with them.

The registered manager had assessed risks to people's safety. This included in areas such as assisting the person to move safely, choking on food and drink, the environment and whether the person was at risk of developing a pressure ulcer. The staff we spoke with had a good knowledge about how to reduce these risks. This included areas such as ensuring people used specialist equipment to reduce pressure on vulnerable areas of their body or thickening drinks where the person was at risk of choking. The risk assessments themselves contained good information to guide staff on what actions they needed to take to reduce the risk of people experiencing avoidable harm. However, staff also told us they respected people's rights to take informed risks if they wanted to so they could live the lives they chose. For example, a person who was diabetic eating foods that may be detrimental to their health. A visiting professional told us that this approach to risk had helped one person improve their wellbeing by giving them control over their life.

The registered manager told us they, and the staff, had taken action to help people reduce the number of falls they had experienced. They had done this by decorating their walking frames. The registered manager said this had helped people to recognise their own frame and therefore use it. The registered manager said this initiative had been a success and had had a positive impact on people's wellbeing.

We received mixed views from people and relatives regarding staffing levels at the service. Of the three people we spoke with about this, two said they felt there were enough staff but one said that on occasions, they felt there were not enough. One person said, "I have got a buzzer. I press it if I need help. I have had to press it a couple of times and they (staff) come pretty quickly." Another person told us, "There are always staff about." However a further person said, "I think they could do with a bit more staff, it does vary sometimes if they are short staffed or sickness they do use agency." They went on to explain that this did not adversely impact on them.

Of the three relatives, one told us there were enough staff but two disagreed although they did not say this had any negative impact on their family member. One relative told us, "There are always two carers around and they are very attentive." Another said, "Sometimes there are enough staff, sometimes not especially at this time of day. There isn't any one about. It depends on holidays and sickness. You can go to the office and find someone." A further relative said, "I always think they are under staffed at the moment as everyone is deteriorating. Two to three carers need to help [Family member]."

The staff we spoke with said they felt there were enough of them to keep people safe. They told us that sometimes there were less staff working then there should be. They added however, that in these circumstances existing staff would work longer hours or agency staff were used to cover any gaps. This was confirmed by the registered manager who told us they were currently recruiting for casual staff to cover any unplanned staff absence. They also said that the number of staff required to work for the service was calculated based on people's care needs. They said that if people's needs increased, the provider was supportive in them obtaining extra staffing hours.

The required checks had taken place prior to a new staff member commencing work at the service. This was

to ensure they were safe to work within the care sector. This included checks of the staff member's character, which was obtained via references from previous employers and from the Disclosure and Barring Service. This checked whether staff had been barred from working in care or had a criminal record.

Is the service effective?

Our findings

At our last inspection in July 2015, this section was rated as Good and the rating remains the same. Staff had received appropriate training and supervision to enable them to provide people with effective care. All of the people and relatives we spoke with said they felt the staff were well trained. One person told us, "I think they are trained. If anything is wrong they (staff) recognise things are not quite right. They are aware." A relative said, "The impression I get is that they have had enough training to do their job. They (staff) are really aware of people. They are very sensitive with people and good at diffusing situations. They know what to say." Another relative told us, "I help the staff at the moment with [Family member] and I was surprised how professional they are and what skills they have doing what they do."

All of the staff we spoke with said they felt they had received sufficient training and supervision to enable them to provide people with effective care. Some staff told us the training they had received in dementia care had been particularly good. Two told us how this had helped them improve their practice when providing care to people living with this condition. One staff member said they were much more conscious about how they approached the person so as not to startle them. This was because they had learnt that some people living with dementia could experience visual disturbances. Another said the training had helped them support a person with various activities as they now understood techniques to help improve the person's hand/eye co-ordination.

Staff said they felt very supported and had their competency regularly assessed to help them improve their practice. New staff completed the Care Certificate. This is a recognised qualification for new staff in health and social care. This gave them the skills required to provide people with good support. The registered manager had assessed new staff as safe to provide care to people before they were allowed to do this on their own.

The staff obtained consent from people before care was provided. All of the people and relatives we spoke with told us this was the case. One person said, "The staff definitely ask permission." Another said, "The carers always ask before supporting me to wash."

The staff told us that most people using the service had capacity to make their own decisions about their care. However, they did say that some people's abilities to do this fluctuated. The staff therefore had to work within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

All of the staff we spoke with understood the principles of the MCA. They told us they assumed that people could consent to their own care but supported them by offering choices if they could not do this. They were clear that if they had to make a decision on behalf of a person, that this would be done in the person's best interests.

The registered manager had assessed people's capacity to make certain decisions about their care. If they required support from the staff, how they needed to do this was recorded within their care record. However, we found that one of the four people's care records we looked at was confusing in relation to their capacity. It was stated in this record that they had capacity to make their own decisions but they had been assessed by a social worker in March 2017 as lacking capacity. We spoke to the registered manager about this. They showed us evidence they had identified this as an issue. They were in the process of updating this person's record to reflect the current position in relation to the specific decisions the person required support in making.

Staff supported some people to eat and drink. All of the people and relatives we spoke with told us this was completed to their or their family member's liking. One person told us, "The food is good. I like my meals in my flat. I have my lunch brought up and the carers do my breakfast and tea, and make me drinks." A relative told us, "The carers do [Family member's] breakfast and their lunch is brought up to their room." People and relatives also told us that staff were good at reminding people to drink enough liquids. One person said, "I get endless drinks made for me by the staff." A relative told us, "Carers are in and out all day. They will always make her a cup of tea."

The staff demonstrated they had a good understanding of the importance of ensuring that people received enough food and drink to meet their individual needs. One staff member told us how they always encouraged people to drink lots of fluids, especially on hot days. Another said they left people who did not eat their lunch, with alternative meals they could eat later at a time of their choosing.

If the staff were concerned that people were not eating and drinking enough, the registered manager put systems in place to monitor this. This included staff completing food and fluid charts to record people's intake. The relevant healthcare professionals had been involved such as a GP or dietician when specialist assistance had been required.

People were supported with their healthcare if they needed this. Most people we spoke with said they arranged their own healthcare appointments. However, they said they were confident the staff would do this for them if there was a need. One person told us, "My daughter contacted the doctor for me but they (the staff) are available if I need them." A relative said, "If [Family member] is unwell or may need to go to hospital, they would phone me straight away so I could get there to go to hospital with her if necessary."

Staff told us they supported people with their healthcare needs if this was required. A visiting healthcare professional said staff were very good at alerting them if they were concerned about a person's health. They also said that staff followed any guidance they gave to them to support the person with their health. Records showed that staff had facilitated the involvement of various professionals such as a GP, occupational therapist, physiotherapist or district nurse if the person required this.

Is the service caring?

Our findings

At our last inspection in July 2015, this section was rated as Good and the rating remains the same. Staff had developed caring relationships with the people they supported. Everyone we spoke with was complimentary about the staff. They all said they were very kind, caring and compassionate. One person told us, "They look after us very well. It is good. They are friendly and do anything I ask for." Another person said, "The care is exceptional. The way they are. If they happen to be held up they apologise. They have got the right system in place to make you feel good even if you are feeling down." A further person told us, "I think the care is outstanding. I used to be at another place before coming here and there is no comparison."

A relative told us, "The staff are kind, caring and compassionate. My [Family member] says they are lovely beyond lovely." Another relative said, "I think the care they get is outstanding. They are very kind, caring and professional. The carers are like family, nothing is too much trouble." A further relative told us, "They really care. Staff have called me when [Family member] has been upset. I called the staff afterwards and they then go and speak with her and reassure her. I think the service is outstanding. The staff are really brilliant." Both visiting professionals also told us they felt the staff were kind, caring and compassionate.

All of the people we spoke with told us they felt the staff knew them very well. One person told us, "For what they have to do for me, they know me well enough and call me (person's preferred name)." The relatives agreed with this. One relative said, "I think the staff know [Family member] well." Another relative said, "The regular staff know her. They love her and treat her like family."

The staff we spoke with demonstrated they knew people well and valued the caring relationships they had built up with them. A system was in place where each person using the service had a 'keyworker.' The keyworker was responsible for getting to know the person and helping to ensure they received the care they needed. This enabled them to build good caring relationships with people and provided them with continuity of care.

The registered manager told us they viewed people as individuals and were committed to ensuring staff got to know people well. They told us the staff were kind and compassionate and that they always put people first in everything they did. They went on to tell us they were aware that staff had often gone above and beyond what was expected of them by supporting people in their own time. The staff we spoke with confirmed this. They not only told us of occasions when they had supported people themselves but wanted to share when other staff had also done this.

For example, the registered manager told us how some staff bought toiletries for some people who were not able to obtain these themselves. A staff member said that another staff member had worked closely with one person to support them with their finances when the person had alerted them to issues within this area. Another staff member told us how they were aware that some staff took people cakes as a treat. The registered manager also told us that a person using the service had increased in confidence due to the time a staff member had taken to engage with them. The registered manager said this had had a positive impact on the person's wellbeing and that they were much happier now. These were good examples of the caring

approach taken by all of the staff working for the service.

A core focus of the care provided by the registered manager and staff was to support people to remain independent. They demonstrated to us that they felt this was an important aspect of the support they provided to people. All of the people and relatives we spoke with said the staff were good at encouraging independence. One person told us when talking about their medicines, "I only have one tablet and I do that myself, I like to keep my independence." Another person told us how they were encouraged to provide themselves with personal care as much as possible. They said, "They say you do the front and shall we do the back." A relative told us how staff had facilitated a person to use a wheelchair that gave them more independence. They said, "The staff are very respectful. My [Family member] was in a wheelchair and the staff noticed he was propelling himself around the room. Therefore, the staff did a risk assessment so he could propel himself (in the community)."

One staff member told us how they encouraged and prompted people living with dementia to continue to do household jobs. This included laying tables, washing up and cleaning. The staff member said they felt this gave these people a sense of purpose and control. Another staff member said they had supported a person to access their bathroom independently at night. They had become aware that the person was having difficulty finding this room and wanted to support them to maintain their independence and dignity. Therefore, the staff member had made a sign which they placed on the bathroom door. The sign had been surrounded by luminous tape which they said, had helped the person find the bathroom at that time of day.

Two staff told us how they had supported people to set up online shopping accounts so they could have their shopping delivered. This had involved the staff showing people how to use the computer and to access the relevant websites. A visiting professional told us how they had been impressed that staff had helped one person access the community. They said the person had been socially isolated prior to using the service but that they 'had blossomed' due to the input of the staff. They said this was because the staff had facilitated them getting a bus pass so they could travel into the local city. The professional said they had noticed a great improvement in the person's wellbeing due to their increased independence.

Records and feedback from staff supported that the service involved other healthcare professionals to assist people with their mobility to help them remain independent. For example, staff had facilitated for one person to be seen by an occupational therapist so they could access equipment to help them retain their mobility.

All of the people and relatives we spoke with told us the staff were very polite and thoughtful and treated them with dignity and respect. Everyone told us that the staff were very conscientious about this. One person told us, "Yes, they are all very respectful." The staff understood the importance of protecting people's privacy and dignity. They said the training they had received in this subject supported them to ensure they protected people's dignity at all times. Some staff gave us examples of how they did this by covering people during personal care and closing doors and curtains.

The service supported people to express their views and to be actively involved in making decisions about their care. All of the people and relatives we spoke with agreed with this. They told us they felt involved in their or their family member's care and were able to make decisions with regards to this. People said they felt listened to. One person told us, "They care and they listen to you, they don't just breeze in and breeze out." A relative told us, "They listen to us."

People and relatives if required, had been involved in making decisions about the care to be provided when the person started using the service. Regular reviews of people's care took place in which they were also

involved. People were provided with information about the service in a format they understood. This had been given either verbally, in writing or pictorially. The registered manager told us other forms of communication were available if required such as Braille or in various languages.

Is the service responsive?

Our findings

At our last inspection in July 2015, this section was rated as Good and the rating remains the same. People we spoke with told us the care provided met their individual needs and preferences. One person said, "I have had care in the evenings this week as well as the morning since I fell. They come and help me whatever time I ask for." Another person told us how staff visited them at a time of their liking to help them get up in the morning. Everyone said they had been offered a choice of male or female carer and that this was respected.

All of the relatives said that the service met their family member's needs and that the staff were very responsive. One relative told us, "The staff know [Family member] very well. The details that they go to....." They went on to tell us how the person liked to have their buttons done up on their clothing in a certain way and that staff always did this. The relative said this meant a lot to the person as they could become upset otherwise. They also said, "They get her sandwiches out of the fridge half an hour before she has them. This is because she likes them at room temperature. All things like this they do." They also told us how they had asked the staff to provide their family member with personal care earlier than usual due to another family member visiting. The relative said this had been completed without question. A visiting professional said they felt the staff in the service all saw people as individuals, that they were empathetic and worked well with people to enhance their wellbeing.

All of the staff told us there was a culture of offering people choice and providing them with care based on their own individual needs and preferences. One staff member told us, "We like to support people to live the lives they want." Staff were very knowledgeable about people's individual needs. They told us about techniques they used to encourage people to have the care they required. One staff member told us how one person regularly refused personal care. If this happened, they said they would go back to them later in the day or a different staff member would try to support the person. They said they found that this was often successful. This same staff member told us how they tailored their approach to another person when supporting them with personal care. This was because they knew that certain aspects of the care could distress the person and they wanted to minimise this as much as possible. Another staff member told us how they used techniques with one person who often became distressed about something that had happened when they were young. They said this calmed the person and stopped them becoming upset and distressed.

All of the staff were aware of the risk of people being socially isolated. They said in this case, they often signposted people to various activities or communal services that they could access if they wanted to, to enhance their wellbeing. Staff also said they supported people with their hobbies and interests where they could.

Care records were in place that demonstrated a thorough assessment of people's individual needs and preferences had taken place when they started using the service. All of the staff we spoke with told us they felt the care records gave them enough information about the person so they could support them in the way they wanted. They also said they were always kept informed about any changes to people's care needs so they received the support they needed.

Everyone we spoke with knew how to raise a complaint if they felt this was necessary. They all said they would speak to the staff in the office or the deputy/registered manager. They added that they had confidence any concerns raised would be dealt with immediately. No one we spoke with told us they had had reason to raise a complaint.

The registered manager told us there had been no complaints made within the last 12 months. They said however, that they gathered people's views regularly on the quality of care they received. This was done by holding tenants meetings and conducting reviews of care with people. Records showed that where people had raised any concerns, these had been addressed and dealt with. We were satisfied that there were systems in place to listen and learn from people's experiences and concerns.

Is the service well-led?

Our findings

At our last inspection in July 2015, this section was rated as Good and the rating remains the same. There was a registered manager in place who had worked at the service for a number of years. They were supported by a deputy manager and team leaders. The registered manager understood their legal responsibilities in relation to regulation and had notified us of any concerns or incidents as is required by law.

All of the people and relatives we spoke with told us they felt the service was managed well and that they were happy with the care provided. One person said, "It has a good reputation. I have got no complaints. They do anything I ask for." Another person told us, "I am very happy with the whole kit and caboodle, I am very lucky and fortunate to be here." A relative said, "The service is fantastic." We saw that the service had received 19 written compliments about the standard of care provided within the last 12 months.

People told us there was an open culture within the service where they could approach the staff or registered/deputy manager without hesitation. One person told us, "If I had any worries or concerns I would approach any of the staff if I needed to. They are all very approachable." The relatives we spoke with agreed with this, with one of them telling us, "If I had any concerns or needed to speak to someone I would speak to the manager." The staff agreed with this. They told us they would feel comfortable to raise any issues with the registered manager about poor practice should they witness it. Records showed that where any concerns had been raised, the registered manager had ensured that the relevant parties, such as the person involved and their relatives if necessary, had been kept informed.

There was good leadership in place. All of the staff told us the deputy/registered managers were approachable and were available to them at any time. It was evident to us that the registered manager had instilled a culture of teamwork amongst the staff. We found that the staff had a lot of mutual respect for each other. They also demonstrated that they pulled together as a team to ensure people received good care.

The staff told us they understood their individual roles and responsibilities and that they enjoyed working for the service. Comments from staff included, 'It's really lovely working here', 'I have never worked in such a lovely team. A real blessing' and 'You can really rely on the staff, they are so conscientious.' Some staff said they had 'lead roles'. This was where they had been given extra responsibility to develop their knowledge in a certain area such as dementia. One staff member who was a dementia lead told us they used this knowledge to train and coach other staff to help them improve their practice.

All of the staff said they would be happy for a member of their own family to be looked after by the service. They told us their morale was good and that they felt valued. The registered manager shared any compliments the service received with the staff so they knew the impact their work had on people. The staff told us communication was good. They said that staff meetings were held regularly which gave them the opportunity to discuss various subjects such as concerns, people's needs and staff training requirements.

People were involved in the development of the service. Their feedback was regularly sought in tenants meetings and by the conduction of an annual survey. We looked at the results from the 2016 survey. We saw that the majority of responses were very positive reflecting that people felt safe and that the care was responsive to their needs. Where there were any shortfalls, the registered manager showed us their action plan and the actions that had been implemented. For example, putting a new system in place to ensure relatives were always kept informed of their family member's care.

People were also involved in the recruitment of staff. The registered manager told us that any prospective new member of staff would meet some people and spend time talking with them. After the staff member had been interviewed, these people were involved in a group discussion with the registered manager. A joint decision was then made about whether the prospective staff member would be offered employment.

The registered manager had made attempts to enhance the local community's knowledge about the service and dementia. Regular 'afternoon teas' were held at the service. People from the local community alongside people using the service had attended these. The registered manager said this helped some people to reduce social isolation. They also said they were looking at introducing support groups for relatives of people living with dementia. This was both for family members of people using the service but also for carers who lived within the local community. People were also supported with their religious beliefs. The registered manager had done this by forming a working relationship with local representatives of various faiths who visited people in their homes if requested.

Most of the systems in place to monitor and improve the quality and safety of care people received were effective. This included the registered manager conducting regular audits on the accuracy of people's care records, the completion of staff training and to ensure people received appropriate support with their nutritional needs. The registered manager also analysed incidents or accidents each month to ensure that appropriate action had been taken in an attempt to reduce them from re-occurring. However, we found the system in place to monitor that people received their prescribed medicines correctly had not been consistently effective.

The registered manager told us the first system in place was for senior staff to check all people's medicine records daily. If that failed to identify any issues, they had conducted a monthly audit in the past to see if any errors had been made. We saw that on occasions, both of these systems had been effective at identifying potential medicine errors. The registered manager had investigated these and taken appropriate action. However, the registered manager said the provider had recently changed the frequency of their auditing from monthly to every three months. This meant that the people's medicine records we looked at had not been audited and therefore, the issues we found had not been identified.

The registered manager told us that in response to our findings regarding medicines, they would take immediate action to improve their systems for identifying potential medicine errors. They confirmed that they would speak to all staff and conduct a thorough review of their current systems. We were confident that this action would be taken and the relevant improvements made.